

JUN 10 1975

Date

27970

No.

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with Act 66, P. L. 304, approved by the General Assembly, June 29, 1953.

(Fee for this certificate, \$2.00)

*Leonard Bachman*  
Leonard Bachman, M.D.  
Secretary of Health  
Harrisburg, Pennsylvania

HVS-20144-100M-9-55 10

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

File No.

56973

Primary  
Dist. No.

80

## CORONER'S CERTIFICATE OF DEATH

Registered No.

11358

1. PLACE OF DEATH, OR PLACE WHERE BODY WAS FOUND a. County <u>Phila.</u>		2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission) <u>Pa.</u> b. County <u>Phila.</u>	
b. CITY, BOROUGH, OR TOWNSHIP <u>Phila.</u>		c. City, Borough or Township <u>Phila.</u>	
d. STREET ADDRESS OR LOCATION <u>App. dead when removed from</u>		d. Street Address or Location	
e. NAME OF HOSPITAL OR INSTITUTION, IF APPLICABLE <u>Graduate Hospital DOA</u>		e. Is Residence inside Municipality Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
f. Is Residence on a Farm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. DATE (Month) (Day) (Year) OF DEATH <u>6</u> <u>2</u> <u>57</u>	
3. NAME OF DECEASED (Type or print)	a. (First)	b. (Middle)	c. (Last)
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNK. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-31-1893</u>
9. AGE (in years last birthday) <u>63</u>		10. FULL NAME OF SPOUSE <u>Unknown</u>	
11. BIRTHPLACE (Also give state or foreign country) <u>Rochester, N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. USUAL OCCUPATION (even if retired) <u>Janitor</u>		16. Social Security No.	
17. INFORMANT		ADDRESS	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. Death was caused by: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>			
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part I (a)]		19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Carcinoma of esophagus</u>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED.	20c. Time of Injury Hour <u>6-8-57</u> Month <u>19</u> Day <u>57</u> Year	
20d. INJURY OCCURRED While at <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE	
21. I hereby certify that a view <input checked="" type="checkbox"/> or inquest <input type="checkbox"/> was held upon the body of the above named deceased on <u>6-8-57</u> and that death occurred at <u>9:50</u> a. m. E.S.T., from the causes and on the date stated above.			
22a. SIGNATURE OF CORONER EXAMINER <i>Joseph H. Farrell</i>		22b. ADDRESS	
22c. DATE SIGNED <u>6-11-57</u>			
23a. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	23b. DATE <u>6-2-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Beverly National Cemetery Burlington</u>	
23d. LOCATION (City, Boro., Twp. & County) (State) <u>72 J</u>			
24. DATE REC'D BY REG. <u>JUN 12 1957</u>		25. REGISTRAR'S SIGNATURE <i>Joseph H. Farrell</i>	
26. SIGNATURE OF FUNERAL DIRECTOR <i>John A. Upshur Jr.</i>		ADDRESS <u>21st &amp; Christian Sts</u>	

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